

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/049268**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3	R		R			
4	R		R			
5	R		R			
6	R		R			
7	R		R			
8	/		/			
9						
10	R		R			
11	R		X			
12	/		/			
13	R		R			
14	R		R			
15	/		/			
16	R		R			
17	R		R			
18	R		R			
19	R		R			
20	R		R			
21	R		R			
22	R		R			
23	R		R			
24	R		R			
25	R		R			
26	R		R			
27	R		R			
28	R		R			
29	R		R			
30	R		R			
31	R		R			
32	R		R			
33	R		R			
34	R		R			
35	R		R			
36	R		R			
37	R		R			
38	R		R			
39	R		R			
40	R		R			
41	R		R			
42	R		R			
43	R		R			
44	/					
45	/					
46						
47						
48						
49						
50						
TOTAL IND.	5		9			
TOTAL DEP.	20	↔	74	↔		
TOTAL CLAIMS	25	83				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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